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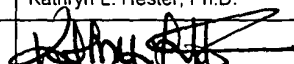
Express Mail Number: EV 272907824 US

Date Deposited: 07/31/2003

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 5820.639	
		First Inventor Bradley P. Kropp	
Title		URINARY TRACT TISSUE GRAFT COMPOSITIONS AND METHODS FOR PRODUCING SAME	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No. EV 272907824 US	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Appl., Comm. for Patents PO Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 59] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description - Redline Specification ____ pgs- Claim(s) - Clean Specification ____ pgs- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 11]		b. Specification Sequence Listing on: <ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paper	
5. Oath or Declaration [Total Pages] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		c. <input type="checkbox"/> Statements verifying identity of above copies	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		ACCOMPANYING APPLICATION PARTS	
18. This application is: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) Prior application information: Examiner _____ of prior application No.: _____ Group Art Unit: _____		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
<input type="checkbox"/> As a CON, DIV, or CIP, this application contains one or more changes to (1) the specification; (2) drawings; or (3) claims in the above-identified prior application. A red-line version of the application showing these changes will be made available to the examiner upon request.		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney	
19. CORRESPONDENCE ADDRESS		11. <input type="checkbox"/> English Translation Document (if applicable)	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 30589 (Insert Customer No. or Attach bar code label here)		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
Name Dunlap, Codding & Rogers, P.C.		13. <input type="checkbox"/> Preliminary Amendment	
Address P. O. Box 16370		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
City Oklahoma City		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
Country USA		16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
Telephone (405) 607-8600		17. <input type="checkbox"/> Other:	
Fax (405) 607-8686			
Name (Print/Type) Kathryn L. Hester, Ph.D.		Registration No. (Attorney/Agent) 46,768	
Signature 		Date 7-31-03	

SEND TO: Mail Stop Patent Application
P.O. Box 1450
Alexandria, VA 22313-145022241 U.S. PTO
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PTO/SB/17 (10-02)
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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 946

Complete if Known

Application Number	Not Yet Assigned
Filing Date	07/31/2003
First Named Inventor	Bradley P. Kropp
Examiner Name	Not Yet Assigned
Art Unit	Not Yet Assign
Attorney Docket No.	5820.639

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None

☒ Deposit Account:

Deposit Account Number: 04-1700
Deposit Account Name: Dunlap, Codding & Rogers, P.C.
Customer No. 30589

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1001	750	Utility filing fee	375
		1002	330	Design filing fee	
		1003	520	Plant filing fee	
		1004	750	Reissue filing fee	
		1005	160	Provisional filing fee	
SUBTOTAL (1)					(\$) 375

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims 55 - 20** = 35 X 9 = \$315
Independent Claims 6 - 3** = 3 X 42 = \$126
Multiple Dependent = \$0

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
		1202	18	Claims in excess of 20
		1201	84	Independent claims in excess of 3
		1203	280	Multiple dependent claim, if not paid
		1204	84	** Reissue independent claims over original patent
		1205	18	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 441

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1051	130	Surcharge - late filing fee or oath	
		1052	50	Surcharge - late provisional filing fee or cover sheet	
		1053	130	Non-English specification	
		1812	2,520	For filing a request for ex parte reexamination	
		1804	920*	Requesting publication of SIR prior to Examiner action	
		1805	1,840*	Requesting publication of SIR after Examiner action	
		1251	110	Extension for reply within first month	
		1252	410	Extension for reply within second month	
		1253	930	Extension for reply within third month	
		1254	1,450	Extension for reply within fourth month	
		1255	1,970	Extension for reply within fifth month	
		1401	320	Notice of Appeal	
		1402	320	Filing a brief in support of an appeal	
		1403	280	Request for oral hearing	
		1451	1,510	Petition to institute a public use proceeding	
		1452	110	Petition to revive - unavoidable	
		1453	1,300	Petition to revive - unintentional	
		1501	1,300	Utility issue fee (or reissue)	
		1502	470	Design issue fee	
		1503	630	Plant issue fee	
		1460	130	Petitions to the Commissioner	130
		1807	50	Processing fee under 37 CFR 1.17(q)	
		1806	180	Submission of Information Disclosure Stmt	
		8021	40	Recording each patent assignment per property (times number of properties)	
		1809	750	Filing a submission after final rejection (37 CFR 1.129(a))	
		1810	750	For each additional invention to be examined (37 CFR 1.129(b))	
		1801	750	Request for Continued Examination (RCE)	
		1802	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 130

SUBMITTED BY

Name (Print/Type) Kathryn L. Hester, Ph.D.
Signature

Registration No. 46,768
(Attorney/Agent)

(Complete if applicable)

Telephone (405) 607-8600
Date 07/31/2003

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DATE DEPOSITED: JULY 31, 2003

PATENT

IN THE UNITED STATE PATENT AND TRADEMARK OFFICE

Applicant: Kropp et al.) Atty Dkt No: 5820.639
)
Serial No: Not Yet Assigned)
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Filed: Herewith)
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For: URINARY TRACT TISSUE)
GRAFT COMPOSITIONS AND)
METHODS FOR PRODUCING)
SAME)

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

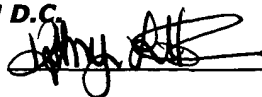
PETITION TO ACCEPT COLOR DRAWINGS OR PHOTOGRAPHS
(37 CFR § 1.84(a)(2) AND (b)(2))

1. This Petition is for the acceptance of color:

- ☐ drawings. (37 CFR § 1.84(a)(2))
- ☒ photographs (37 CFR § 1.84(b)(20))

****I hereby certify that due to the indefinite suspension of U.S. Post Office Express Mail services, and pursuant to U.S. Patent and Trademark Office ("USPTO") instructions on 11/19/2001. This **Petition T Accept Color Drawings Or Photographs** and accompanying application are being deposited on **July 31, 2003** by U.S. Express Mail No. **EV 272907824 US** addressed to: COMMISSIONER OF PATENTS, P.O. Box 1450, Alexandria, VA 22313-1450. **IT IS FURTHER OUR UNDERSTANDING THAT THE USPTO WILL BE RESPONSIBLE FOR FORWARDING ALL OF THE ENCLOSED DOCUMENTS TO THE USPTO OFFICE LOCATED IN WASHINGTON D.C.****

Kathryn L. Hester, Ph.D.



7-31-03

registered representative

2. Attached hereto are three (3) sets of color:

☐ drawings.

☒ photographs.

3. The reason(s) for the need for color drawings or photographs in this application is/are as follows:

Figs. 2-7, 10 and 11 are photomicrographs in which different colored stains are used to locate certain cells. The colored stains include red, blue, green and brown. When presented in black and white, it is impossible to distinguish unstained cells from stained cells or delineate one stain from another, and therefore one cannot differentiate between stained and unstained cells or between cells that stain differently.

4. The petition fee required to waive the requirement of § 1.84 (37 CFR § 1.17(i) - \$130.00) is paid as follows:

☐ Attached is a

☐ check

☐ money order

in the amount of \$_____.

☒ Authorization is hereby made to charge the amount of \$130.00

☒ to Deposit Account No. 04-1700

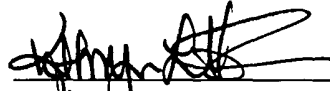
☐ to credit card as shown on the attached credit card information authorization form PTO-2038.

☒ Charge any additional fees required by this paper or credit any

overpayment in the manner authorized above.

A duplicate of this paper is attached.

Respectfully submitted,



Kathryn L. Hester, Ph.D., Reg. No. 46,768

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